|  |  |  |  |
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|  |  |  |  |
| DOminican Volleyball Camps!  Learn from Dominican’s coaching staff! Head coach, Katie O’Keef will lead the camps along with other members of the Volleyball programs.  Co-Ed Volleyball – Skills  4th grade-7th - grade girls & boys 11:30a.m- 1:00 p.m.  Cost: $85/student Course Code VB002  Co-Ed Volleyball- Advanced  Entering 8th and 9th grade- girls/boys 1:30pm – 3:00 p.m.  Cost: $85/student Course Code VB003    PLEASE FILL OUT THE ATTACHED FORM AND SEND TO THE ATHLETIC DIRECTOR AT DOMINICIAN HIGH SCHOOL. OR REGISTER ON LINE THROUGH dominicanathelte.com |  |  | When  July23rd- July26th  Where  Dominican high school gym  offered to Grades 4th - 9th |

DOMINICAN HIGH SCHOOL ATHLETIC CAMP

REGISTRATION FORM

Please complete all fields and return to: Dominican High School Summer Camp

120 East Silver Spring Drive, Whitefish Bay, WI 53217

Many camps have size limitations, so make sure to send reservations in early!

One student per form please.

Athletic Camps 2018

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_ Female\_\_\_ Grade in Fall ‘18\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mom Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mom Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (other than parent)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of your school in Fall ’18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height\_\_\_\_\_\_\_\_ Weight\_\_\_\_

Course Code:

Total Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any allergies or health problems that we should be aware of? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Statement: I hereby authorize the directors of the Dominican Summer Camp to act according to their best judgment in any emergency requiring medical attention. I hereby release and waive the Dominican staff from any and all liability for any injury or illness. I have no knowledge of any physical impairment of my child that would prevent his/her full participation in Dominican’s Summer Camps.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian Signature) / Date

MAKE CHECKS PAYABLE TO: DOMINICAN HIGH SCHOOL SUMMER CAMP

PLEASE DIRECT ANY QUESTIONS REGARDING THE ATHLETIC CAMPS TO OUR ATHELTIC DIRECTOR, Joseph Grady -JGRADY@DOMINICANHIGHSCHOOL.COM OR (414) 332-1170 EXT 193